

OFFICIAL FILE

ILLINOIS COMMERCE COMMISSION

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COMMERCE COMMISSION

FORMAL COMPLAINT

2003 JUL 11 P 2:09

Illinois Commerce Commission
527 E. Capitol Avenue
Springfield, Illinois 62701

CHIEF CLERK'S OFFICE

For Commission Use Only:

Case: 03-0433

Regarding a complaint by (Person making the complaint):

ORA Adams

Against (Utility name):

Peoples ENERGY

As to (Reason for complaint)

NO GAS SERVICE

in CHicago Illinois.

TO THE ILLINOIS COMMERCE COMMISSION, SPRINGFIELD, ILLINOIS:

My mailing address is

520 E. 89TH PLACE

The service address that I am complaining about is

8613 SO. COTTAGE CR

My home telephone is

(773) 873-9491

Between 8:30 A.M. and 5:00 P.M. weekdays, I can be reached at

[]

(Full name of utility company)

PEOPLES ENERGY PEOPLES GAS NORTH SHORE

(respondent) is a public utility and is subject to the provisions of the Illinois Public Utilities Act.

In the space below, list the specific section of the law, Commission rule(s), or utility tariffs that you think is involved with your complaint.

8311 Adm. Part 280

Have you contacted the Consumer Services Division of the Illinois Commerce Commission about your complaint?

☒ Yes ☐ No

Has your complaint filed with that office been closed?

☒ Yes ☐ No

Please state your complaint briefly. Number each of the paragraphs. Please include time period and dollar amounts involved with your complaint. Use an extra sheet of paper if needed.

1. The business has been closed since 9-99, when I was injured on the job and placed on disability. We were falsely accused of tampering with meter and theft of service.
2. Peoples GAS read meter and turned off the gas. Rep. stated that because store closed we would be charged for use of meter.
3. We scheduled several appts with Peoples GAS to resolve issue, they failed all the appts.

Please clearly state what you want the Commission to do in this case:

My service connected and adjustment of the bill without payment of a deposit.
Removal of negative report to All Credit Bureaus

Date: 6-23-03
(Month, day, year)

Complainant's Signature Ora Adams

If an attorney will represent you, please give the attorney's name, address, and telephone number.

You need to file the original with the Commission. Also, provide one copy for each utility complained about (referred to as respondents).

VERIFICATION

A notary public must witness the completion of this part of the form.

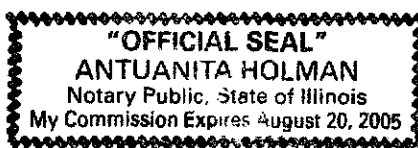
I, ORA Adams, first being duly sworn, say that I have read the above petition and know what it says.
The contents of this petition are true to the best of my knowledge.

(Signature) Ora Adams

JUN 24 2003

Subscribed and sworn/affirmed to before me on (month, day, year) _____

Antuanita Holman
Notary Public, Illinois



NOTE: Failure to answer all of the questions on this form may result in this form being returned without processing. If you have questions, please call the counselor in the Consumer Services Division that handled your informal complaint.